



EXHIBIT C

PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address Dr. Gary L. Kantor c/o Michael M. Schmahl McGuireWoods LLP 77 W Wacker Drive, Suite 4100 Chicago, IL 60601	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> <div style="width: 35%; font-size: small;"> DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY </div> </div>
Creditor Telephone Number (312) 849-8100	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Last four digits of account or other number by which creditor identifies debtor </div> <div style="width: 35%;"> Check here <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____. </div> </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) See Exhibit A </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> <div style="width: 45%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2 DATE DEBT WAS INCURRED	
3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM \$ Unliquidated <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) <i>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> \$ <u>Unliquidated</u> (unsecured) </div> <div style="width: 45%;"> \$ _____ (secured) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> \$ _____ (priority) </div> <div style="width: 45%;"> \$ <u>Unliquidated</u> (Total) </div> </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911 </div> <div style="width: 45%;"> BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 </div> </div>	THIS SPACE FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED JAN 13 2007</div> <div style="text-align: left; font-size: small;"> USA CMC  1072502325 </div>
DATE 1/12/07	SIGN and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <div style="text-align: right;"> <i>Gary L. Kantor, M.D., by Michael M. Schmahl, Esq. (with authority)</i> Gary L. Kantor, M.D., by Michael M. Schmahl, Esq. (with authority) </div>

PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address Lynn M. Kantor f/k/a Lynn Maguire c/o Michael M. Schmahl McGuireWoods LLP 77 W. Wacker Drive, Suite 4100 Chicago, IL 60601	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div> <div style="width: 50%;"> <p>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p> </div> </div>
Creditor Telephone Number (312) 849-1800	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Last four digits of account or other number by which creditor identifies debtor </div> <div style="width: 50%;"> Check here <input type="checkbox"/> if this claim replaces a previously filed claim dated _____ or <input type="checkbox"/> amends </div> </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) See Exhibit A </div> </div>	
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4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM \$ <u>Unliquidated</u> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim:	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____). <small>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
5 TOTAL AMOUNT OF CLAIM \$ <u>Unliquidated</u> (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911 </div> <div style="width: 45%;"> BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 </div> </div> </div> <div style="width: 35%; text-align: center;"> <p>THIS SPACE FOR COURT USE ONLY</p> <p>FILED JAN 13 2007</p> <p>FILED JAN 13 2007</p> <p>USA CMC  1072502312</p> </div> </div>	
DATE 1/12/07	SIGN and print the name and title. If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <i>Lynn M. Kantor</i> Lynn M. Kantor, f/k/a Lynn Maguire, by Michael M. Schmahl, Esq.

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725 LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address 11321241001149 KEFALAS TRUST DATED 7/3/97 C/O KENNETH KEFALAS & DEBBIE KEFALAS TRUSTEES 2742 CARINA WAY HENDERSON NV 89052-4055		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor 3575		Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends _____	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		2 DATE DEBT INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 510,000 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (unsecured) (secured) (priority) (Total) \$ 510,000 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY USA CMC 1072501868 FLED JAN 05 2007	
DATE SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Paul		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

11321242036560
LACERTOSA, ANNA
49 ELM STREET
VALLEY STREAM NY 11580

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO **NOT** HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ()

Last four digits of account or other number by which creditor identifies debtor

HEAH ASYLUM, HEA - WINDHAM

☐ Check here if this claim replaces a previously filed claim dated _____ or amends

1 BASIS FOR CLAIM

- ☐ Goods sold ☐ Personal injury/wrongful death
☐ Services performed ☐ Taxes
☒ Money loaned ☐ Other (describe briefly)

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Unremitted principal

☐ Wages, salaries, and compensation (fill out below)

☐ Other claims against servicer (not for loan balances)

Last four digits of your SS #

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED

12/31/05

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$ 100,000 (BOTH)

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.

UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$

Amount of arrearage and other charges at time case filed included in secured claim, if any \$

☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ()

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ 100,000

(unsecured)

(secured)

(priority)

(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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BY MAIL TO
BMC Group
Attn: USACM Claims Docketing Center
P.O. Box 911
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 24 2006

DATE

10/16/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

ANNA LACERTOSA

ANNA LACERTOSA



1072500702

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

Case Number

USA COMMERCIAL MORTGAGE CO

10725-LAR

NOTE See Reverse for List of Debtors and Case Numbers
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

11321241002622
ANNA LACERTOSA & MARIE LACERTOSA
49 ELM ST
VALLEY STREAM NY 11580-5007

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

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THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number

Last four digits of account or other number by which creditor identifies debtor

HEAR ASYLUM, HEAR - WINDHAM, NY

Check here ☐ if this claim replaces a previously filed claim dated _____ or ☐ amends

1 BASIS FOR CLAIM

- ☐ Goods sold ☐ Personal injury/wrongful death
☐ Services performed ☐ Taxes
☒ Money loaned ☐ Other (describe briefly)

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Unremitted principal

☐ Wages, salaries and compensation (fill out below)

☐ Other claims against servicer (not for loan balances)

Last four digits of your SS #

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED

12/31/05
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

UNSECURED NONPRIORITY CLAIM \$ 100,000 (BORR)

☒ Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.

UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$

Amount of arrearage and other charges at time case filed included in secured claim if any \$

☐ Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) ()

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM

AT TIME CASE FILED

\$ 100,000 (unsecured) \$ (secured) \$ (priority) \$ 100,000 (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

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BY MAIL TO
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P.O. Box 911
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY


FILED OCT 24 2006

USA CMC


1072500701

DATE 10/14/06 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)


PROOF OF CLAIM ORIGIN		REC-11 Nov 3 11 15 AM '06
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor and Address 11321241001195 LEONARD BAKER & BARBARA BAKER REVOCABLE TRUST C/O LEONARD BAKER & BARBARA BAKER CO-TRUSTEES 8520 BAYLAND DR LAS VEGAS NV 89134-8641	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number (702) 228-1700 Last four digits of account or other number by which creditor identifies debtor ID # 3242	<input type="checkbox"/> Check here if this claim replaces a previously filed claim dated _____ <input type="checkbox"/> or amends	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 DATE DEBT WAS INCURRED 4/14/05 3 IF COURT JUDGMENT, DATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
UNSECURED NONPRIORITY CLAIM \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 26,500,000.00 Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3335.00
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____). Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ 140,600.00 (secured) \$ _____ (priority) \$ 140,600.00 (Total)		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY USA CMC 1072500976
DATE 11/3/06	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Leonard Baker TRUSTEE Barbara Baker TRUSTEE	



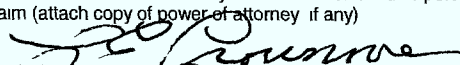

PROOF OF CLAIM		<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">AND</div> <div style="font-size: 1.2em; margin: 0;">Nov 3 11 19 AM '06</div>		
Name of Debtor: <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">USA Commercial Mortgage Company</div>	Case Number: <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">06-10725-LBR</div>			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<div style="font-size: 0.8em; font-weight: bold;">DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</div> <div style="font-size: 0.7em;">If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</div> <div style="font-weight: bold; margin-top: 5px;">THIS SPACE IS FOR COURT USE ONLY</div>		
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 11321241001195 LEONARD BAKER & BARBARA BAKER REVOCABLE TRUST C/O LEONARD BAKER & BARBARA BAKER CO-TRUSTEES 8520 BAYLAND DR LAS VEGAS NV 89134-8641 </div>			<div style="font-size: 0.8em;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div>	
Creditor Telephone Number (702) 228-7700 Last four digits of account or other number by which creditor identifies debtor <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">ID # 3242</div>				<div style="font-size: 0.8em;"> <input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____. </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> </div>				
2 DATE DEBT WAS INCURRED 4/14/05		3 IF COURT JUDGMENT, DATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			<div style="font-weight: bold; margin-bottom: 5px;">SECURED CLAIM</div> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 26,500,000.00 Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3335.00	
UNSECURED NONPRIORITY CLAIM \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.				<div style="font-size: 0.8em;"> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) </div>
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim:				
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> (unsecured) \$ _____ </div> <div> (secured) \$ 140,600.00 </div> <div> (priority) \$ _____ </div> <div> (Total) \$ 140,600.00 </div> </div>		<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			THIS SPACE FOR COURT USE ONLY	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).				
BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245		<div style="font-size: 0.8em;"> USA CMC  1072501178 </div>		
DATE 11/3/06			SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <div style="font-size: 0.8em;"> Leonard Baker Barbara Baker </div>	
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571				

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)		PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Liem Family Trust	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent c/o Scott D. Fleming, Esq. Hale Lane Peck Dennison and Howard 3930 Howard Hughes Parkway, 4th Floor Las Vegas, Nevada 89169		THIS SPACE IS FOR COURT USE ONLY
Telephone number 702-222-2500		
Last four digits of account or other number by which creditor identifies debtor: Account ID 1032		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (fill out below) Last four digits of SS #: _____ Unpaid compensations for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred See Attachment A		3 If court judgment, date obtained
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ Unknown (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5) Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) *Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
5 Total Amount of Claim at Time Case Filed \$ <u>Unknown</u> (unsecured) \$ <u>Unknown</u> (secured) \$ <u>Unknown</u> (priority) \$ <u>Unknown</u> (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY FILED NOV 13 2006 USA CMC  1072500639
Date: November 9, 2006 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): /s/ Scott D. Fleming, Esq.		

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)		PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Liem Family Trust	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent c/o Scott D Fleming Esq Hale Lane Peek Dennison and Howard 3930 Howard Hughes Parkway 4th Floor Las Vegas Nevada 89169		THIS SPACE IS FOR COURT USE ONLY
Telephone number 702 222 2500		
Last four digits of account or other number by which creditor identifies debtor Account ID 1032	Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> amends	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Wages salaries and compensations (fill out below) <input checked="" type="checkbox"/> Money loaned Last four digits of SS # _____ <input type="checkbox"/> Personal injury/wrongful death Unpaid compensations for services performed from _____ to _____ <input type="checkbox"/> Taxes (date) (date)		
2 Date debt was incurred See Attachment A	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ Unknown (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.		
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5)		
Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use — 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) *Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
5 Total Amount of Claim at Time Case Filed \$ <u>Unknown</u> (unsecured) (secured) (priority) \$ <u>Unknown</u> (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary. 8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">NOV 10 2006</div> <div style="text-align: center; margin-top: 20px;"> USA CMC  1072501280 </div>
Date November 9 2006	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) /s/ Scott D Fleming Esq	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		 YOUR CLAIM IS SCHEDULED AS	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR		Schedule/Claim ID s31979 Amount/Classification \$4 659 87 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address  11321240001231 LORA AND LOYAL CROWNOVER FAMILY TRUST C/O LOYAL CROWNOVER TRUSTEE 2213 PLAZA DEL PUERTO LAS VEGAS NV 89102 4045				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number ()					
Last four digits of account or other number by which creditor identifies debtor 6255, 6254					
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) Last four digits of your SS # Unpaid compensation for services performed from to (date) (date)					
2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.			SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)			<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (unsecured) (secured) (priority) (Total) \$ 1,200,000 \$ 1,200,000 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911				THIS SPACE FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED OCT 20 2006</div>	
DATE 10-18-06		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). 			
USA CMC  1072500687					